CITY OF MANCHESTER

912 CITY RD, MANCHESTER, MI 48158
PHONE: (734) 428-7877
FAX: (734) 428-1877
WWW.CITY-MANCHESTER.ORG

Golf Cart Registration Application

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email (Optional): _____

Driver's License Number(s): _____

Make, Model, and Color of Golf Cart: _____

Serial Number of Golf Cart: _____

Insurance Company & Policy Number: _____
(Please Bring a Copy with Form)

I hereby certify receipt of the Golf Cart Ordinance Packet and have read and understand the Ordinance and Information provided in the packet. I also agree to hold harmless the City of Manchester from any liability associated with the driving of my golf cart with the City of Manchester.

Applicant's Signature: _____ Date: _____

[ ] Received Golf Cart Ordinance Packet Upon Registration

When registering your golf cart please bring the following to the City of Manchester, 912 City Rd, Manchester, MI 48158:

[ ] Completed Application Form
[ ] Proof of Insurance

City of Manchester Use:

Received: _____ Golf Cart Sticker Number: _____

Date: _____